

See Transmittal

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FOR: LA-00-44.

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1. TRANSMITTAL NUMBER:

0 0 — 0 2 7

2. STATE:

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

March 8, 2000

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)--

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 413.30 and 413.40

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ (4995.55)

b. FFY 2001 \$ (10245.31)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-A Item 1, page <sup>7a</sup>~~2a~~

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

New  
~~Same (TN# 98-15) pending~~

10. SUBJECT OF AMENDMENT: Reduction of the Medicaid prospective per diem rates for private hospitals by seven percent (7%).

11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: The Governor does not review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

David Hood by John H. Cline

13. TYPED NAME:

David W. Hood

14. TITLE:

Secretary

15. DATE SUBMITTED:

March 27, 2000

16. RETURN TO:

State of Louisiana  
Department of Health & Hospitals  
1201 Capitol Access Road  
PO Box 91030  
Baton Rouge, LA 70821-9030

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

APRIL 3, 2000

18. DATE APPROVED:

JUNE 6, 2001

## PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

MARCH 8, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

Sandra Hall

21. TYPED NAME:

for CALVIN G. CLINE

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR  
DIV OF MEDICAID AND STATE OPERATIONS

23. REMARKS:

Pen &amp; ink change made per State's 5/7/01 letter.

to discontinue participation. The rate comparison was conducted by institutional reimbursement staff with historical consideration as to how previous reductions had affected provider participation and recipient access to care. Access data for the time period of January 2000 through April 2000 was provided to the Health Care Financing Administration for the purpose of comparison. The Health Care Financing Administration subsequently terminated the request for additional information. The rate cut did not cause providers to stop participating in the program, and therefore, access to services was not impacted.

3. Public Process. Section 1902(a)(13) of the Social Security Act requires States to have a public process for the determination of rates of payment under the State plan for hospital services, nursing facility services, and services of intermediate care facilities for the mentally retarded. This section requires the publication of proposed and final rates as well as justifications for such rates and the underlying methodologies. Please demonstrate that the public process requirements were met.

Copies of newspaper affidavits and public process notices setting forth the proposed reimbursement methodology for private hospitals are attached.

4. Pending Amendments. This amendment revises the plan material pending in TN 98-15. In our November 25, 1998 request for additional information for TN 98-15, we stated that many of the provisions being revised or superseded by TN 98-15 are pending in plan amendments TN 95-33 and TN 95-32. Therefore, we cannot take favorable action on TN 00-27 until our concerns with TN 98-15 and these earlier amendments are resolved. Further, you should revise TN 00-27 to flow through any changes in plan language resulting from the changes you make to TN 95-32, TN 95-33, and TN 98-15.

Previously pending plan amendments TN 95-32 and TN 95-33 have been approved and TN 98-15 has been submitted for approval.

The attached page is to be substituted according to the following chart, and Blocks 8 and 9 of HCFA 179 amended to read as follows:

Block 8	Block 9
Attachment 4.19-A, Item 1, Page 7a	New Page

Please consider this a formal request to begin the 90-day clock. It is anticipated that the above additional information will be sufficient to result in the approval of the pending State plan amendment. If further information is needed, please contact Shirley Garland at (225) 342-3086.